



## UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Toshiaki SASAKI et al.

Serial No: 10/530,283

Filed: April 4, 2005

For: Stacked-Layer Type Photoelectric Conversion Device

Art Unit: Not Assigned

Examiner: Not Assigned

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
June 8, 2005

Date of Deposit

Name  
Juanita Soberanis

Signature *Juanita Soberanis* 06/08/05  
Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Preliminary Amendment.  
☒ Return Postcard.  
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-20	20       **	0	LG=\$50 SM=\$25	\$	\$    0
INDEPENDENT CLAIMS FEE	2	-3	3       ***	0	LG=\$200 SM=\$100	\$	\$    0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$    0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$    0
TOTAL							\$    0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By: *Darius G. Adli*

Darius G. Adli

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Attorney for Applicant(s)

Date: June 8, 2005

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Appl. No. 10/530,283  
Preliminary Amendment Dated June 8, 2005

Attorney Docket No. 81845.0019  
Customer No.: 26021

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Name

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Signature

Date

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Prior to the first Office Action in the present application, please enter and consider the following amendments and remarks:

**Amendments** to the specification begin on page 2 of this paper.

**Amendments** to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.